

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE*RCE*

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 10746/39	APPLICATION SERIAL NO. 10/807,699	EXAMINER Daniel J. RYMAN	ART UNIT 2616																																																				
Applicant(s): Satoru SOKAMOTO et al. <i>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail.</i>																																																							
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 <i>in an envelope addressed to:</i> Mail Stop RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 <i>on</i> <i>Date: 7/2/2008</i>																																																							
This is a request for continued examination under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/807,699, filed on March 23, 2008, entitled PACKET TRANSMISSION DEVICE AND PACKET TRANSMISSION SYSTEM .																																																							
The following constitute the submission <u>required</u> by 37 C.F.R. § 1.114(a) and is attached: <input checked="" type="checkbox"/> Reply <u>AMENDMENT AFTER A FINAL OFFICE ACTION</u> <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing Changes <input type="checkbox"/> Other Submission: _____																																																							
1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.																																																							
<table border="1"><thead><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th>MINUS</th><th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th>PRESENT NUMBER EXTRA*</th><th>RATE (\$) PER CLAIM</th><th>FEE (\$)</th></tr></thead><tbody><tr><td>BASIC FEE</td><td></td><td></td><td></td><td></td><td></td><td>810.00</td></tr><tr><td>TOTAL CLAIMS</td><td>10</td><td>-</td><td>20</td><td>0</td><td>50.00</td><td>0.00</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>6</td><td>-</td><td>6</td><td>0</td><td>210.00</td><td>0.00</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM</td><td></td><td></td><td></td><td>07/09/2008 CNGUYEN 20.000038 110600 10807699</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>01.00</td><td>must be zero or larger</td><td>01.00 DA</td><td>810.00</td></tr><tr><td></td><td colspan="4">If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.</td><td>SMALL ENTITY TOTAL</td><td></td></tr></tbody></table>								CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)	BASIC FEE						810.00	TOTAL CLAIMS	10	-	20	0	50.00	0.00	INDEPENDENT CLAIMS	6	-	6	0	210.00	0.00	MULTIPLE DEPENDENT CLAIM				07/09/2008 CNGUYEN 20.000038 110600 10807699						01.00	must be zero or larger	01.00 DA	810.00		If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL	
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2. Please charge the required RCE and submission filing fee of \$810.00 to the deposit account of **Kenyon & Kenyon, deposit account number 11-0600**.
3. The Commissioner is hereby authorized, as necessary and/or appropriate, to charge payment of any other fees (including any other fees or any extension fees) as required, as associated with this communication or that arise during the pendency of this application, or to credit any overpayment, to the deposit account number 11-0600 of **Kenyon & Kenyon LLP**.
4. **A duplicate copy of this Transmittal Form is enclosed for the above purpose.**

Dated: 7/8/2008

Respectfully submitted,

By:

Aaron C. Daditch (Reg. No. 33,865)

KENYON & KENYON LLP
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)

CUSTOMER NO. 26646



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PATENT AND TRADEMARK OFFICE

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Applicant(s):

Satoru SOKAMOTO et al.

I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
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Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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The following constitute the submission required by 37 C.F.R. § 1.114(a) and is attached:

Reply AMENDMENT AFTER A FINAL OFFICE ACTION

Information Disclosure Statement

Drawing Changes

Other Submission: _____

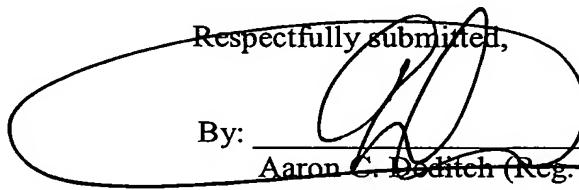
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BASIC FEE						810.00
TOTAL CLAIMS	10	-	20	0	50.00	0.00
INDEPENDENT CLAIMS	6	-	6	0	210.00	0.00
MULTIPLE DEPENDENT CLAIM					370.00	
				Number extra must be zero or larger	TOTAL	810.00
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